

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 02 / 14 / 2014</div>	

Full Name of Payee Strategic Partners & Media, Inc		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 02 / 14 / 2014</div>	
Mailing Address PO Box 480		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80000.00</div>	
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : E1E599DF1097C47208F3 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>
Purpose of Expenditure Online video production costs & Ad buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 02 / 14 / 2014</div>	
Mailing Address 135 Professional Dr Ste 104		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">81394.00</div>	
City Ponte Vedra Beach	State FL	Zip Code 32082-6277	Transaction ID : E3180DFA9279E471AAC2 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>
Purpose of Expenditure Direct Mail Costs		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">161394.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
02 / 19 / 2014

Signature